2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N38361

Entity Name: HOMETOWN PHASE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3049582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES W HART JR 04/11/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATKINS, ERIC
Address: 9985 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: LYSTLUND, ROBERT
Address: 9990 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: SHAH, HARISH
Address: 9931 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: ERICHSEN, MILLIE
Address: 9973 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: HOPPER, LARRY
Address: 5414 COUNTY FAIR CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMPSON, GREG
Address: 9978 ALOMA BEND LN
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG THOMPSON PD 04/11/2008
Electronic Signature of Signing Officer or Director Date